

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Patient's Right to Excellent Medicine

ADDRESS (number and street)

44 Spring Drive

☐ (Check if address is changed)

PO Box 28

Custer City

CITY ▲

PA

STATE ▲

16725

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

bud.beck@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.patientsrighttoexcellentmedicine.org

2. DATE

MM / DD / YYYY
07 / 07 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00580738

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Harold Thomas Beck 11

Signature of Treasurer

Harold Thomas Beck 11

[Electronically Filed]

Date

MM / DD / YYYY
07 / 08 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)